

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/520019**

FILED DATE

**Winston Alvarado**

**National Stage Processing**

APPLICANT(S)

**Parvica Specialist**

**(703) 305-6421**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		2		/			54						
5		0		/			55						
6		0		/			56						
7		0		/			57						
8		0		/			58						
9		0		/			59						
10		0		/			60						
11		0		/			61						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	12	←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	14		13				TOTAL CLAIMS						